5	RECORE	PHYS	Exact st	
MARGIN RESERVED FOR BINDING	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOKE	should be carefully supplied. AGE should be stated EXACTLY. PHYS	OF DEATH in plain terms, so that it may be properly classified. Exact st	000
FOR	IS A	state	prope	Situation
ED	LHIS	I be	y be	3
SERV	NK-1	should	it ma	Land Land
N. R.E.	ING	AGE	that	4.
IARGIN	UNFAD	supplied.	terms, s	
	WITH	refully s	In plair	D 7
	PLAINLY,	ould be can	F DEATH	Control of the state of the sta
	F-3	y sh	0	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02640
1. PLACE OF DEATH	g
County Auce Serge Cha	Registration Dist. No. 108
Village or City Mulcolm	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
and the second s	death occurred in a norpital or institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME LEOVE W adam	no
(a) Residence: No. / Maleoline	St, Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
hale white married	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Mary J. Adams	22. 7 I/HEREBY CERTIFY, That I attended decessed from
S DATE OF DURING () A S A S A S A S A S A S A S A S A S A	I last saw h and elive on MCH 1,197 4; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than	to have occurred on the date stated above, atm.
82 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Harming SAWYER, BOOKKEEPER, etc.	0 .0
SAWYER, BOOKKEEPER, etc. V. W. 19. Industry or business in which	Bromehol neumania 6 da
work was done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date decessed last worked at this occupation (month and / 43 4 spent in this occupation)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	the garages 10 au
13. NAME Bushrod adams	
13. NAME / Drishrod Carno 14. BIRTHPLACE (city or town)	Name ol operation Date ol
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Marka Maylor	23. Il death was due to external causes (VIDLENCE) fill In also the following:
15. MAIOEN NAME Marka Maylor 16. BIRTHPLACE (city or town) a guasco (State or country)	Accident, sulcide, or homicide? Date of injury, 19
May X adams	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT Malcolm md	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAY) Place Emanciel Church Oate 3/4/34, 19	Manner ol Injury
19, UNDERTAKER & R. Janbor	24. Was disease or injury in eny way related to occupation of deceased? 223
(Address) He layerable My	Il so, specify
20. FILEO 3/4/34, 19 Eva Chappelian Registrar.	(Signed) William 17700000 M.D. (Address) Vrom md
If more blanks are model address State Basisan	Care N. Charles Street Baltimore Descrition 73 C No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
20125 18 8/ 5/				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STA	TE OF	MARY	LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH				<u> </u>
County Co	harl	les:		Registration Dist. No. / 00
Village or City	sel	al	long	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or to	wn where dea	th occurred	yrs,mo:	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME	ull/	30m	1300	mj
(a) Residence: No.		Bel (allon.	Most., Ward.
PERSONAL AND ST	ATISTIC	(Usual place of		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR I		, SINGLE, MARRI		21. DATE OF DEATH
revleurin . Les	luite	OR DIVORCED	(write the word)	Meanell 2/ 1937 (Vear)
5a. If married, widowed, or divorced HUSBAND of				22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of		i .		
6. DATE OF BIRTH (month, day, and ye	ar) W	arde	7/-34	I last saw h alive on, 19, death is said
7. AGE Years N	lonths	Days	If LESS than	to have occurred on the date stated above, at
			1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPI	INER.			- A - A - Date of onset
SAWYER, BOOKKEEPER, etc.				- Afffange
work was done, as SILK MI	LL,			Simo ovoc
kind of work done, as SPIt SAWYER, BOOKKEEPER, et 9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc		11. Total tim	e (years) in this ation	Premoure 3+4 month
12. BIRTHPLACE (city or town)	Bel	alli	n	Other Coutributory Causes of importance
(State or country)	Clin	200	Tuesl	
13. NAME Soverk	CL	12ron	m	forhollosetta Prend.
4. BIRTHPLACE (city or town)	Ince	trid.	-/Y	Name of operation Date of
(State of country)	0	. 4/	- 1	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME JUST	my 12	rent 17	amulin	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	180	lal.	as	Accident, suicide, or homicide?
(State or country)	00	us co	acce.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT COULT	200	7 lan	ma	Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	L	2	, , ,	Manner of injury
Place at Nor	nl_	Date Man	2/ ,1934	Nature of injury A
19 UNDERTAKER NO	20			24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)		W		If so, specify Addles a My My
20 FILED March 2 1934	3,70	Lain Mo	isen	(Signed) M. D. M. D. M. D.
Zu rice. 7:1322.555 (4, 19.7.4)		24-141.A.BT	Registrar.	(Address) for the little little '

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE REAL VEN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	pritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 5 1924	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE.OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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9 BIRTHPLACE

PARENTS

(State or country) 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE

OF MOTHER

(Informant)

(State or country) 12 MAIDEN NAME

(State or Country)

Village or City Decelocity (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3 St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 14, 1934 (Month) / 4 (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1934. to March 14, 1934, that I last saw h we slive on March 13, 1934.
	and that death occurred on the date stated above, at/
8 OCCUPATION (a) Trade, profession or particular kind of work	Bruks Freuman
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs

Contributory

Secondary

ients or Recent Residents)

Where was disesse contracted, if not at place of death?.

yrs......mos....

19 PLACE OF BURIAL OR REMOVAL

192 1 (Address) ...

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State.

DATE OF BURIAL

ADDRESS

Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

At place of death

usual residence



(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or Al Home, and children, not gainfully cm-ployed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature (clanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant ncoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, (secondary or intercurrent) affection need not be Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Always qualify all Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH	. 10 . 4
1. PLACE OF DEATH	93-2)4±
County Charles.	Registration Dist. No. 1	1
Village or City M.c. Conchie mg		Ward
	NoSt.,	
Length of residence In city or town where death occurred D. 4-yrsmos.	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Caroling Cooper		
(a) Residence: No. Mc Con Chile M	9_St.,Ward.	
(Usual place of ahode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 284	1.
femall col widow	(Month) (Day) (Y	ear)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet lattended decease	ed from
(or) WIFE of Henry Cooper	march/2" 1934 to march/2" 19	34
6. DATE OF BIRTH (month, day, end year) Wont Know 1810	20 20 11 12 12 2/	h Is said
7. AGE Vearst Months Days If LESS than	to have occurred on the date stated above, atm.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
18 Trade profession or particular	Date	of onset
kind of work done, as SPINNER, None	Chronie In wo carlle at	wit
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	(6)	years
SAW MILL, BANK, etc	Chronic arterios elevoses	0
this occupation (month and spant in this occupation		
Charles Co	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town)		
	1	
I Jenow		
4. BIRTHPLACE (city or town)(State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there en au'opsy	?
That less will	23. If death was due to external causes (VIDLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or coun'ry)	Accident, suicide, or homicide? Date of injury, 19	9
Daniel Marian Contract	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	
17. INFORMANT (Address) WC Cow lava Mil	Specify whether injury occurred in Thousand, in Home, of the Public Flace,	
18. BURIAL, CREMATION, OR REMOVAL, Mc Conclus 12	Manner of injury	
Place St Calherins Date May 30, 1934	Nature of injury	
19 UNDERTAKER Henry a. Penny	24. Was disease or injury In any way related to occupation of deceased? Two) -
(Address)	If so, specify	
EQ FILED Man 28 1934 Bullian Mosey	(Signed) James E. nolan	M. D.
CO. FILED. 1. 1. S. T. S	l () it and	

If more blanks are needed, address State Registral, 2411 N. Charles Street, Julimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A M V 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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Every item of infor-

STATE	OF	MADVI	AND-C	FRTIFI	CATE	OF	DEATH
SIAIL	UL	MARIL	AND	CKILL	CAIL	OF	DEALL

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Pagistration Diet No. / Ou
County	Registration Dist. No.
Village or City Sa Sacta Md. (If Length of residence in city or town where death occurred 73 yrs. mos.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?wrsmosds.
2. FULL NAME Charles Benerly G	anes
(a) Residente Man Sa Plata Leat (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whole Wildowed.	21. DATE OF DEATH (Month) (Day) (Year)
5a. H. married, widowed, or divorced HUSBAND of Corp. WIFE of Julia C. Garner.	22. I HEREBY CERTIFY, That I attended deceased from Man. 11 - ,1934, to Manch 13 ,1934.
6. DATE OF BIRTH (month, day, end year) June 16, 1860.	Hast saw h Lay alive on Manaly 13, 19, 34; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to heve occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 1D. Dato deceased last worked et 11. Total time (years)	Chronic Myocardilis
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Ч —
1D. Dato deceased tast worked et this occupation (month and year) occupation	1
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of importance:
E 13. NAME John William garner.	comme according contri
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Chive Ellen Mourag.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Class Ca. (State or country)	Accident, suicide, or homicide?
17. INFORMANT A: J. Mauhus (Address) La Pleia ma	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or Im PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt Rest Comely Date Mar 154, 1934	Manner of injury
19. UNDERTAKER Henry a. Penni (Address) La Plata mel	24. Was disease or injury in any way related to occupation of deceased? 14. If so, specify
20. FILED Mar 14, 1924 Billiam V. Osen.	(Signed) La Place M. D. (Address) La Place M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

il	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923		1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state Every item of inforof OCCUPA-PHYSICIANS AGE should be stated EXACTLY. PHYSICIANS UNFADING INK-THIS IS A PERMANENT RECO IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. m plain terms, so that it may mation should be carefully supplied. CAUSE OF DEATH in plain terms, s WITH CAINLY, -WRITE m,

STATE OF MARYLAND— 1. PLACE OF DEATH	CERTIFICATE OF DEATH (12646)		
County Charles	Registration Dist. No.		
Village or City Waysids (I) Length of residence In city or town where death occurred 20 yrs. mos	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number) St., War death occurred in a hospital or institution, give its NAME instead of street and number) St., War death occurred in a hospital or institution, give its NAME instead of street and number)		
2. FULL NAME Patrick Henry Hamily	ton		
(a) Residence: No. Wayside Mary land (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR DR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH march 23, 1934 (Month) (Day) (Year)		
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 1934, to march 1934. I last saw how alive on march 27 1934 death is selected.		
5. DATE OF BIRTH (month, day, and year) May - 29 - 1956 AGE Years Months Days If LESS than			
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at \(\int \(\lambda \) \(\int \lambda \) \(\lambda \) . m. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aucular Schubatian manh,		
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	acite Cardiao embalis - mais		
year) occupation 12. BIRTHPLACE (city or town) Charles Co (State or country) may lan	Other Contributory Causes of Importance:		
13. NAME Patrick H. Wamilton. 14. BIRTHPLACE (city or town) May land (State or country)	Name of operation NOTO Date of		
	What test confirmed diagnosis? Was there an au'opsy? W		
15. MAIDEN NAME Dowt Show. 16. BIRTHPLACE (city or town). (Stale or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: 'Accident, suicide, or homicide?		
7. INFORMANT MS. C. L. Middleton (Address) Waysede may land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Pomper Date March 261934	Menner of injury		
19. UNDERTAKER Sp. Welch (Address) Payotico	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED 8 - 26'-, 19 3 4 7 . G. Highen Registrar.	(Signed) layous Welch M. (Address) hablico ma		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	109/	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	H BRITISH V	July 5,1927	Peritonitis	3 days ago
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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19. UNDERTAKER

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Classification Dist. No. Village or City No. (If death occurred in a horpital or institution, give its NAME instead of street and nutlength of residence in city or town where death occurred. Yes. No. (If death occurred in a horpital or institution, give its NAME instead of street and nutlength of residence in city or town where death occurred. Yes. No. (If death occurred in a horpital or institution, give its NAME instead of street and nutlength of residence in city or town where death occurred. Yes. Ward. (Usual playe of abode) If nonresident give city or town and Street a	ds.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Termale. Colored (Month) (Day)	193 4 (Year)
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc Houselsee pas Caulle Pullumana 9. Industry or business in which work was done, as SILK MILL, Yarsung Luberculorais	., 19.34
12. BIRTHPLACE (city or town) Chap Co (State or country) Chap Co	
14. BIRTHPLACE (city or town) Class Conference of Conferen	opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. MAIDEN NAME 19. Maident Mass dus to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE (Address) Sprung Half mg 18. BURIAL, CREMATION, OR REMOVALA Manner of injury	

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Registrar

If se, specify (Signed)

(Address)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		15xample 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

02648

1. PLACE OF DEATH		(31)
County Charle	v	Registration Dist. No. 105
Village or City 2 CL	A	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U. S. if of foreign birth?
2. FULL NAME Jalu	King	
(a) Residence. No.	(Usuai place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	FICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Vear)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	1	22. HEREBY CERTIFY. That I attended daceased fro
6. DATE OF BIRTH (month, day, and yeer)	1865	I last saw he alive on Week 2 ,1924; death is sei
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ebove, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc	Coharer	Chronic Bright Duene 1931
Nindustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	* * * * * * * * * * * * * * * * * * *	
10. Deta dacaasad last worked et this occupation (month and yaar)	11. Total time (yaars) spant in this occupation	
12. BIRTHPLACE (city or town) Brand (State or country)	dynin md	Other Contributory Causes of importance:
13. NAME John Plus	ry	
14. BIRTHPLACE (city or town) (State or country)	1000	Name of operation Data of Whet tast confirmed diagnosis? Was there en autopsylly
15. MAIDEN NAME CLUMA 16. BIRTHPLACE (city or town)	- Vurges	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Lives	Accident, suicide, or homicide?
17. INFORMANT Mull (Addrass)	luig	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Date mels ,1934	Manner of injury
19. UNDERTAKED LINE (Address)	Kyan	24. Was disease or Injury in any way related to occupation of decaased?
20. FREDECK 5 , 134 7	7. R. Manz S	(Signed) Color Of Dull M. (Address) Physical Review M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Examplo I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

County	OF DEATH		Q	STATE OF CERTIFICATI	
			8)	Registration	Dist. No. 108
Village or City	NAME frequent the	- Jan	Bertle +	Marin La	(If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONA	AL AND STATISTICAL PARTIC	CULARS	ME	DICAL CERTIFICATE	OF DEATH
mue !	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the wo	ED Ay	16 DATE OF DEA	March	25, 1934 (Day), (Year)
6 DATE OF BIRT	marie 25	-, 1934	dia	EBY CERTIFY, That I at	tended the deceased from
7 AGE	(Month) (Day)	(Year) If LESS than I dayhrs. or min.?		ccurred on the date state EATH * was as follows:	d above, at // 4 m
(a) Trade, prof particular kind (b) General nat business, or est	of work ure of industry				
9 BIRTHPLACE (State or coun	try)	-9	Contributory Secondary	(Duration)	yre mos d
9 BIRTHPLACE (State or coun 10 NAME OF FATHER	mm Buti	-/-	Secondary (Signed) 74 G	Jack and (Duretion) (Duretion) (Output (Address)	yre mos de
9 BIRTHPLACE (State or coun 10 NAME OF FATHER 11 BIRTHPLA OF FATHEI (State or coun 12 MAIDEN N OF MOTHE 13 BIRTHPLA OF MOTHE	m Butte CE Rountry) CE R MAME R Marin R CE R L CE R Marin Mar	my	(Signed) 74 Ce Mac 24 *State the Violent Causes Accidental, Suice	(Duretion) 9BH (Address) Disease Causing Death state (1) Means of I idal or Homicidal. RESIDENCE (For Hospe Residents)	, or, in deaths from njury and (2) Whether
9 BIRTHPLACE (State or coun 10 NAME OF FATHER 11 BIRTHPLA OF FATHEI (State or coun 12 MAIDEN N OF MOTHE 13 BIRTHPLA	De Butte CE R COUNTRY) CE R CE R COUNTRY) CE R COUNTRY) COUNTRY) COUNTRY) COUNTRY) COUNTRY) COUNTRY) COUNTRY) COUNTRY) COUNTRY)	They Out VLEDGE	(Signed)	Disease Causing Death of I dal or Homicidal. RESIDENCE (For Hosp t Residents) In the Ste	, or, in deaths from njury and (2) Whether itals, Institutions, Trans



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—coat mune, etc. women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., William Laborer, Laborer-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servanh, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation -Coal mine, etc. (6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condieausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory Always qualify all Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-2
County Charles	Registration Dist. No.
Village or City Sudian Head	No. U.J. Maral Despensary, Ward
	death occurred in a horpital or institution, give its NAME instead of steet and number) Ots. How long In U. S. il ol foreign birth?
2. FULL NAME Lorenzo Preston M.	settler .
(a) Residence: No.	St. Ward. Propale Md.
(Usual place of abode)	If porresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE Nitte S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March Z9 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of Katre Elizabeth Mettles	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 4'eb. 25, 1875	I last saw h. Leac elive on
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at &: 10 A_m.
5-9 / 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	affaiently Coronary thronbosis 3/29/3
Modestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(Man was de ad before I
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	arrived)
C 1 t P	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) My All I have (State or country)	Grobably Appelleroine
13. NAME Filliam Mettler	heart disease
14. BIRTHPLACE (city or town) Sungder turn, Person.	Neme of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Unkning 16. BIRTHPLACE (city or town) Sungdestons, Pa (?)	23. II death was due to external causes (VIOLENCE) fill in also the Iollowing:
[16. BIRTHPLACE (city or town) sugdestone Pa ()	Accident, suicide, or homicide?
17. INFORMANT Mrs. Katie Mettler (infe)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION OR REMOVAL	Manage of Jahren
Place Mach: D. Sato March 24, 19 34	Manner of Injury
19. UNDERTAKER 11/11/2 Chambers (Address) 1400 chaper of Half St	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED March 29, 19 34 B.E. Punnington. Registrar.	(Signed) 13. Ja Lavre M. D. (Address) Six dian Nead, Wid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3

BINDING

FOR

MARGIN RESERVED

Zo.

Q. 8.

PLACE OF DEATH	STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
1/ // /	Registration Dist. No. 108
Village or City Dee ghesulle (No.	Sta: Ward) (If death occurred in a hospital or institu-
2FULL NAME Infant Plai	tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3/2 8/3 4, 192
6 DATE OF BIRTH 3/28/34	HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Referred ont of Medwife 192
7 AGE OF 10 11 If LESS than	and that death occurred on the date stated above, at
Still Horn I day hrs.	The CAUSE OF DEATH was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)de,
9 BIRTHPLACE (State or country) Leigheaull md	Contributory Secondary (Duration) yrs
10 NAME OF The Plater	(Signed) Eva Chafafaeliga p Sul Reg M. D.
IN BIRTHPLACE OF FATHER	3/29/24 192 (Address) Aughenille, m.
Z (State or country) Chas Co, Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Ida Mordland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) The Blater	Former or usual residence
N. al '11. 2. 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jugues Mills	Carrier Cem 3/29, 1934
15 Filed 3/29 1934 Era Chaffelian Registrar	Wen Plater Aughentle M
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No.1.



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, etc. woun-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons criployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The (b) material Grocery

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping Examples: Accidental drowning; Struck by railway train FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	652
1. PLACE OF DEATH	_		058	,,,,,,
County Charles.			Registration Dist. No. 10	3
Village or City Fauckner.			NoSt	Ward
Length of residence in situ or town where de	andh annurund	(If	NOSt.,	number)
0 0.	eath occurrad	yrs,mos	yrsyrsyrs	osds.
2. FULL NAME Eva Louis	se Swa			
(a) Residence: No.	(Usual place of	abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	Didic
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRI	ED, WIDOWED,	21. DATE OF DEATH	
Female Col.	OR DIVORCED	write tha word)	March 29 (Month) (Day)	, 193
5a. If married, widowed, or divorced	7			(Yeer)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended	
		, 1.	, 19, to	
6. DATE OF BIRTH (month, day, and year) Marks 7. AGE Years Months			i last saw h aliva on, 19,	; death Is said
7. AGE Yaars Months	Days 2	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of importence	
2 Tanka metanian annahirib		ormin.	were as follows:	Date of onsat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	none			
Industry or business in which			Heak Heart	-
work was dona, as SILK MILL, SAW MILL, BANK, etc.	rone.		Prant / Han	
O To. Date deceased last worked at this occupation (month and yeer)	11. Total time spent i occupa	in this		-
12. BIRTHPLACE (city or town). Chass. C. (State or country)	».		Other Coutributory Causes of importance:	-
13. NAME Raymond Sws	0 7 1	,		-
14. BIRTHPLACE (city or town) (Stete or country)	Cs. taulte	ner	Nama of operation	
	-		What test confirmed diagnosis? Was there an a	
I A		2 1 0 1	23. If death was due to external causas (VIOLENCE) fill in also the following	•
O 16. BIRTHPLACE (city or town)	at that . I	n. Ses. C. md.		
17. INFORMANT Raymond Suram (Address)		Where did injury occur?(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL			Mennar of injury	
Place St Thomas Cenetury	Date Mer. 2	9 ,1934	Nature of injury	
19. UNDERTAKER Paymond Swam (Addrass) Faulkner, m	<u>.</u>		24. Was disease or Injury in any way related to occupation of daceased?	
20, FILED mar 29 1934 CK	as. H. Roly	1.	(Signad) Chas. W. Roby	L.R. M.D.

(Addrass) ...

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis AP AP	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	A CONTRACTOR	
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		
			1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND—	CERTIFICATE OF DEATH 02654
1. PLACE OF DEATH	92-0
County Clarken Con	Registration Dist. No. 105
Village or City Walker	No. St., Ward
Length of residence in city where death occurred yes	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2 FILL NAME Elegabeth to he	iruly
(a) Residence: No. Walder. 24	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widswed or divorced HUSBAND of (or) WIFE of HUELOS INCLUDED	22. I HEREBY CERTIFY. That I ettended deceesed from 1926, to the Company of the last saw has alive saw has a
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8.3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER. SAWYER, BO OKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME CONTROL 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Was there an autopsy?
16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury
Place Clare Date Weld, 1954	Nature of injury
19. UNDERTAKER / with for Ago W	24. Was disease or injury in any way related to occupation of deceased?
20. FILED UCh 1, 1934 M. P. M. Sulla Registrar.	(Signed) Letter M. D. (Address) M. C. (Address) M. (Address) M. (Address) M. (Address) M. (Address) M. (Addres
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1661 9	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	7001	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	ASCEIACE.	3 days ago
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR I	FURTHER STATEMENTS BY PHYSICIAN



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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95.2 02655
County County	Registration Dist. No. 108
Village or City . Yees he will	No. St., Ward
Length of residence in city or town where death occurred 2 o yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of fareign birth? 2.0 yrs. mos. ds.
2. FULL NAME FOR Selection	2 Mallin
(a) Residence: No. Hackerille Med	- St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Clina Jours Yall	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. Las alive on 16 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business In which	alle 1
work was done, as SILK MILL, I booked to M	er Colin
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Fra Drbelle
13. NAME Larword Trulter	4000 0 V
13. NAME Constant (rultury) 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Hom Value	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Processing Ch Date 19	Manner of Injury
9 & Jahr	Nature of Injury
19. UNDERTAKER (Address)/) (Address)/)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 31/9 1934 Cora Shaffelear	(Signed) M. D.
Registrar.	(Address) Acea Me July

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

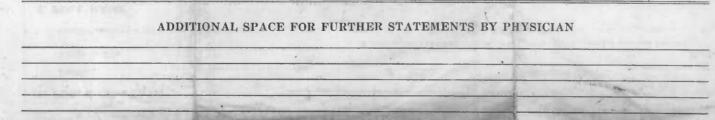
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Example II Example I The principal cause of weath and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year



LION

FATHER OTHER 16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury

Nature of injury_____

(Signed) (

Registrar.

Where did injury occur?____

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Address)

If more blankrare needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Ezampie II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhoge	July 5,1927	Peritonilis	3 days ago		
The state of the s					
Other contributory causes of importance:.		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 yeor		
			t.		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND—	CERTIFICATE OF DEATH 02657
1. PLACE OF DEATH	(No-E)
County Charles	Registration Dist. No. / OV
Village or City Mc Conclue Md -	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) Av. ds. How long in U.S. If of foreign hirth?yrs
(a) Residence: No. McConchie M (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH Mar /2 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 12 1934	I last saw h aliva on, 19; death is sai
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	no phipecian lived a this Suspicion' Cerebral hamorhage Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Character My (State or country) Let 13. NAME Survivily Williams	
13. NAME Symbolic Williams 14. BIRTHPLACE (city or town) Chels Co (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Salia C. Furmore 16. BIRTHPLACE (city or town) Chas Co Md (Stata or country) 17. INFORMANT Sulvistin Williams (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
16. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
PlaceDate	Nature of Injury
19. UNDERTAKER Sylvester William Filly (Address) Julicon 12. 20. FILED MOS 13, 193 & Lilliem Y. Posey	24. Was disaasa or injury in any way ralated to occupation of deceasad? If so, specify (Signed) M. C. M. C.
Registrar. If more blanks are needed address State Projection	(Address) Au Villa ///

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

N. B.-WRITE

V. S. No. 1

Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02658
County John Man	Registration Diet No. 105
Village or City Walded	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mary Thord	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month 22 193 4 (Month) (Day) (Year)
5a. If matried, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h A aliva on Ma 2 , 1934; death Is said to have occurred on the date stated above, at 2 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spect in this occupation	were as follows: Market Cate of onset
12. BIRTHPLACE (city or town) Challes (State or country) L 13. NAME And Mad	Other Contributory Causes of Importanca:
14. BIRTHPLACE (city or town) lehalis (Stata or country)	Name of operation Data of
15. MAIDEN NAME This Hymne 16. BIRTHPLACE (cily or town) Childs Carry (State or country) 17. INFORMANT Falls	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION OR REMOVAL Place St. Josephis Dale Mars. 24, 1934	Manner of injury
19. UNDERTAKER Joseph Itood (Address) Polymfret, Md	24. Was diseasa or injury in any way related to occupation of deceased?
20 FILED Mars 23 1934 Mrs Jeremiah J. Mus	dd (Signed) Ohn defully M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	- KIM P
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 02659
1. PLACE OF DEATH	10
County Charles	Registration Dist. No. 104
Village or City New Years	ND. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Rimmuld W. M	mall-
(a) Residence: No.	St. Ward.
(Usua) place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waste the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch A Myll	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7 - 2-4 - 6 5	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 4. 4. m.
6 9 7 / 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade profession or perticular	Date of onset
kind of work done, as SPINNER. Mellin	tom Premone VII/ALL
9. Industry or business in which work was done, as SILK MILL,	7//-57
Kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country),	
13. NAME W Olivan North 14. BIRTHPLACE (city or town) Control of the Control of t	,
4. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or couply)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL COMPANY	Manner of injury
Place 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceased?/
20. FILED 3 - 1 - , 19 3 4 8 . L. Hry don Registrar.	(Signed) 1 ky Phyllon M. D. (Address) Margarila
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	5 1934	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	P45.11	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	W QEALLY.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
	/				

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS IS PLAINLY,

RESERVED

PLACE OF DEATH	r
County Karlis	
Willege or City Bellings	ley



STATE OF MARYLAND

County Marily	CERTIFICATE OF DEATH
	Registration Dist. No. 185
Villago or City Bellingsley (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX' 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH March 4, 1913, (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 1 day, hrs. OR min.?	that I last saw halive on, 191, and that death occurred on the date stated above, at
(a) Trade, protession, er particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Mosther cause. no further formation. Curson Oct. 24, 1934 (Burstlen) prs. mes. es. Contributory Secondary
10 NAME OF FATHER CULTURY JORGES 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF THE STATE OF	(Signad)
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the property of the propert
(Informant) Children Journe	If not at place of death? Former or usual residence
(Address) Bellengoley Mo.	From Textey Mcho, 134

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

0 Z



[Approved by U. S. Cenkus and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DIBEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer -- Coal mine, etc. Women at home, who are engaged in of the second statement Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill. (a) Salesman, (b) Grocery, (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the noss of various pursuits can be known. The question Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Architect, Locomolive If retired from engincer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the prinary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labar pneumonia Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the bead of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitie," etc. State cause for which birth or miscarriage as "Puerreral septichaemia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the genital," symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing dcath), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. eough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intercur-"Dropsy," (Recommendations "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.